

County: Taylor  
 ZASTROW CARE CENTER, INC.  
 600 WEST HICKORY, PO BOX 218  
 GILMAN 54433 Phone: (715) 447-8217  
 Operated from 1/1 To 12/31 Days of Operation: 366  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/00): 50  
 Total Licensed Bed Capacity (12/31/00): 50  
 Number of Residents on 12/31/00: 39

Facility ID: 9800

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Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF?  
 Title 18 (Medicare) Certified?  
 Average Daily Census:

Corporation  
 Skilled  
 No  
 No  
 40

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	23.1
Supp. Home Care-Personal Care	No					1 - 4 Years	48.7
Supp. Home Care-Household Services	No	Developmental Disabilities	7.7	Under 65	2.6	More Than 4 Years	28.2
Day Services	No	Mental Illness (Org./Psy)	12.8	65 - 74	12.8		
Respite Care	No	Mental Illness (Other)	10.3	75 - 84	30.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	7.7	85 - 94	48.7	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	5.1			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	5.1		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	23.1	65 & Over	97.4		
Transportation	No	Cerebrovascular	10.3			RNs	7.1
Referral Service	No	Diabetes	5.1	Sex	%	LPNs	7.7
Other Services	No	Respiratory	2.6			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	10.3	Male	41.0	Aides & Orderlies	
Mentally Ill	No			Female	59.0		38.8
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	No.	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Total No.	Percent Of All Residents
		%	Per Diem Rate		No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00		1	3.1	\$110.91	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	2.6%
Skilled Care	0	0.0	\$0.00		31	96.9	\$96.27	0	0.0	\$0.00	7	100.0	\$110.00	0	0.0	\$0.00	38	97.4%
Intermediate	---	---	---		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00		0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0			32	100.0		0	0.0		7	100.0		0	0.0		39	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	13.3	Bathing	0.0	59.0	41.0	39
Private Home/With Home Health	0.0	Dressing	38.5	38.5	23.1	39
Other Nursing Homes	20.0	Transferring	41.0	35.9	23.1	39
Acute Care Hospitals	60.0	Toilet Use	43.6	35.9	20.5	39
Psych. Hosp. -MR/DD Facilities	0.0	Eating	69.2	23.1	7.7	39
Rehabilitation Hospitals	0.0	*****				
Other Locations	6.7	Continence		%	Special Treatments	%
Total Number of Admissions	15	Indwelling Or External Catheter		2.6	Receiving Respiratory Care	7.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	33.3		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	8.3	Occ/Freq. Incontinent of Bowel	15.4		Receiving Suctioning	0.0
Private Home/With Home Health	0.0				Receiving Ostomy Care	2.6
Other Nursing Homes	8.3	Mobility			Receiving Tube Feeding	0.0
Acute Care Hospitals	16.7	Physically Restrained	15.4		Receiving Mechanically Altered Diets	48.7
Psych. Hosp. -MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	100.0
Other Locations	0.0	With Pressure Sores	0.0		Medications	
Deaths	66.7	With Rashes	7.7		Receiving Psychoactive Drugs	7.7
Total Number of Discharges (Including Deaths)	12	*****				

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	This Facility	Peer Group	Ratio	50-99	Ratio	Peer Group	Ratio	Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	80.4	0.99	85.4	0.94	84.1	0.95	84.5	0.95
Current Residents from In-County	76.9	74.2	1.04	72.9	1.06	76.2	1.01	77.5	0.99
Admissions from In-County, Still Residing	26.7	19.0	1.40	21.3	1.25	22.2	1.20	21.5	1.24
Admissions/Average Daily Census	37.5	135.3	0.28	101.3	0.37	112.3	0.33	124.3	0.30
Discharges/Average Daily Census	30.0	137.7	0.22	101.3	0.30	112.8	0.27	126.1	0.24
Discharges To Private Residence/Average Daily Census	2.5	57.0	0.04	37.6	0.07	44.1	0.06	49.9	0.05
Residents Receiving Skilled Care	100	89.4	1.12	89.6	1.12	89.6	1.12	83.3	1.20
Residents Aged 65 and Older	97.4	95.9	1.02	93.4	1.04	94.3	1.03	87.7	1.11
Title 19 (Medicaid) Funded Residents	82.1	71.6	1.15	69.0	1.19	70.1	1.17	69.0	1.19
Private Pay Funded Residents	17.9	19.0	0.95	23.2	0.77	21.4	0.84	22.6	0.79
Developmentally Disabled Residents	7.7	1.2	6.33	0.9	8.20	0.9	8.39	7.6	1.01
Mentally Ill Residents	23.1	35.9	0.64	41.5	0.56	39.6	0.58	33.3	0.69
General Medical Service Residents	10.3	18.2	0.56	15.4	0.67	17.0	0.60	18.4	0.56
Impaired ADL (Mean)	43.1	47.3	0.91	47.7	0.90	48.2	0.89	49.4	0.87
Psychological Problems	7.7	45.0	0.17	51.3	0.15	50.8	0.15	50.1	0.15
Nursing Care Required (Mean)	8.3	6.7	1.24	6.9	1.20	6.7	1.24	7.2	1.17